# **Application Data Sheet**

# **Application Information**

Secrecy Order in Parent Appl.::

Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R??::	
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	Streamed Content Delivery
Attorney Docket Number::	019396-002000US
Request for Early Publication::	No
Request for Non-Publication::	No
Suggested Drawing Figure::	3B
Total Drawing Sheets::	15
Small Entity?::	No
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers One::	

No

#### **Applicant Information**

Applicant Authority Type::

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Marc

Middle Name::

W.

Family Name::

Kauffman

Name Suffix::

City of Residence::

**Encinitas** 

State or Province of Residence::

CA

Country of Residence::

US

Street of Mailing Address::

961 Olive Crest Drive

City of Mailing Address::

**Encinitas** 

State or Province of mailing address::

CA

Country of mailing address::

Postal or Zip Code of mailing address:: 92024

**Applicant Authority Type::** 

Inventor

Primary Citizenship Country::

US

Status::

Full Capacity

Given Name::

Douglas

Middle Name::

S.

Family Name::

Makofka

Name Suffix::

City of Residence::

Willow Grove

State or Province of Residence::

PA

Country of Residence::

US

Street of Mailing Address::

516 Fairhill Street

City of Mailing Address::

Willow Grove

State or Province of mailing address::

PA

Country of mailing address::

Postal or Zip Code of mailing address:: 19090

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### Representative Information

Representative Designation:: Representative Number:: Representative Name::

Primary 35,809 Charles J. Kulas

Associate 43,616 Thomas D. Franklin

#### **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

## Foreign Priority Information

Country:: Application number:: Filing Date::

### **Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::